Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3. 08/24/08 <u>209</u> S SHERDDAN ST <u>Kendallvelle</u>, zou Date: 22F43483 Case #: County: Type of Laboratory Seizure (check one) Seizure Location (cheek all that apply) Operational Lab Residence Hotel/Motel Chemical/Glassware/Equipment (only) X Outbuilding Open – No Structure Dumpsite (only) Vehicle Other: Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Cut Burl Dang Red Phosphorous/Iodine Reaction(s): _ Flammable Solvents: Coleman fiel out Butlo Ing Water Reactive Metal (Lithium): _____ 📑 Anhydrous Ammonia: _____ | Hydrochloric Acid Gas Generator(s): OUVBUE くりにつり Corrosive Acid: ___ M Corrosive Base: _DOTBOXとりエペリ Other (item and location):_____ Child under age 18 discovered (check one) Investigative Information Yes $\frac{2}{2}$ (number present) Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip *If yes, fax report to Child Protective Services Other: This report is to be faxed to the following agencies that serve the location: 7053 Fire Department: Kerbally Elle FA Fax: 260-347-7035 Fax: 760-636-3-192 Health Department: Noble Co Fax: ____ Child Protection Service:

For further information regarding this methamphetamine laboratory, contact Investigating Officer: 101745 Phone Heavy 866

*** This form is to be included with the case file, and a copy sent to fac Clandestine Laboratory Team Leader for refention.

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^{**} This form is to be faxed to the Pirc Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.